Committee on Intergovernmental and Regional Affairs

Michigan House of Representatives

Honorable Marie Donigan, Chair

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Chairman Donigan and Members of the Committee, my name is Roland J. Mross and I very much appreciate today's opportunity to meet with you and discuss United We Ride. I am with the Community Transportation Association of America, a national non-profit association representing over 4,000 providers of public and community transportation, human and social service organizations and vendors concerned with making mobility for all Americans a reality. Within the context of United We Ride, I will focus my remarks on non-emergency medical transportation that I understand is of interest to this committee and a very timely and important issue throughout the country.

For many years in the United States, human services and public transportation have been on parallel, but separate tracks. While there have been some attempts in the past to bring them together, it became a priority of the federal government in early 2004. In that year, the President issued as Executive Order directing eleven federal agencies to coordinate their programs. It had been determined that these eleven agencies administered 64 programs that provided some kind of a transportation benefit. Previously there was little effort to coordinate these programs with the result being conflicting and overlapping rules and regulations that made attempts at coordination difficult.

The Presidential Executive Order did several things. First, it created a federal coordinating council, comprised of the eleven federal agencies, called the federal Coordinating Council on Access and Mobility (CCAM). The Council adopted an active agenda, and, in the past five years , establishing policies that affect the sharing of vehicles, allocating the sharing of costs among various federal programs, and a common definition of coordinated planning and mobility.

These were significant steps as the prohibition on vehicle sharing and a determination on how to allocate costs among different programs were two of the more significant barriers to coordination.

With money provided by the Federal Transit Administration, an active partner in CCAM, funds were provided to the states to initiate similar coordination efforts. An initial round of planning grants were released in 2005 and 44 states participated in developing state-wide coordination projects. Many states used the funds to develop strategic plans and to create state level coordinating councils that mirrored the CCAM. This was an important action since many federal programs are administered by the states and the states became partners in reviewing and adopting policies that fostered coordination. The state coordinating councils also added support to local communities to aid them in coordinating human services transportation. Some of the state councils were created by Executive Order (Minnesota, Wisconsin), state legislation (Illinois) or voluntary (Ohio). The federal CCAM published a number of important documents guiding states and communities in their coordination efforts. Best practices, available resources and the actions of CCAM in promoting coordination were placed on a web site (www:unitedweride.gov).

A second round of grants were later issued to the states by the Federal Transit Administration. These grants assisted the states in implementing their coordination activities. A third round of grants will be issued shortly.

Another action by CCAM was the establishment of a team of coordination "Ambassadors" to help promote and support the larger effort of bringing human services and public transportation together. An Ambassador has been assigned to work with each of the ten federal regions. My assignment is the Great Lakes States and since 2004, I have been working with the states of Michigan, Ohio, Indiana, Illinois, Wisconsin and Minnesota both with the state coordinating

councils and local communities. The Ambassador network is funded under a cooperative agreement between the Federal Transit Administration and the Community Transportation Association of America. The focus of my work is to provide support either through training and technical assistance or information on coordination and the various resources that support it.

In 2005, Congress reauthorized the Federal Transit program, known as SAFETEA-Lu and included important requirements for coordination that affected three FTA Programs. For the three programs, a legislative requirement was included that after 2006, no grants under those programs could be issued unless the projects to be funded were part of a locally developed and coordinated human services transportation plan. The effect of this new requirement was a national activity whereby local human services and public transportation agencies worked together to develop the required plans. The combination of CCAM, United We Ride, state and local coordination plans has brought a universal movement across the country to expand mobility to many citizens, especially the aged, disabled and low income.

There are numerous examples of successes where partnerships have been created between human services and transit agencies that focus on better serving customer needs, such as one call centers, that along with local mobility managers are established to facilitate citizen's access to rides, and provide a safer and more efficient human services transportation network.

While I could give example after example of successful coordination efforts in the Great Lakes region, a serious challenge to those efforts remain: non-emergency medical transportation. It is an issue that is national in scope and one that I know you are facing in Michigan. For the past several years, the Center for Medicaid Services (CMS) has attempted to eliminate transportation as an eligible expense from the national Medicaid Program. The most recent attempt by CMS would have passed the decision to maintain or eliminate the expense to the states. So far, Congress has blocked all attempts to change the reimbursement. In fact, under the federal stimulus bill (ARRA), eleven billion dollars was included under

the Medicaid Program to increase the percentage of expenses CMS reimburses for Medicaid services.

It is difficult to generalize about Medicaid since the program is administered differently by the states. In many states, reimbursement rates and other administrative measures are set by the state legislature. It is certainly an area for legislative review to see if the administration of the program fosters or inhibits coordination and whether transportation is an allowable expense.

Many human services programs are facing budget reductions along with transportation providers. With so many recent gains in bringing human services and transportation together, it is most unfortunate that the economy is again threatening the mobility of many of our most needy citizens. Elimination or reductions in non emergency medical transportation disconnects those citizens from chemotherapy, kidney dialysis and other life saving medical treatments.

I fully realize the critical budget difficulties states are facing and there are tough choices on how to bring down deficits. Many times transportation is the victim of the budget reductions as the vital role transportation plays in connecting people with jobs, health services, or simply buying food is not well understood. In addition, an aging population, more demand for medical services, veteran's needs for access to health care are straining the ability of transit providers to meet demands. Cuts in non emergency medical transportation have a dual impact in that it reduces the ability of transit providers to maintain those services. It also eliminates an important source of match for other federal transportation funds. Medicaid reimbursement is an eligible source of match for Federal Transit Administration funds.

Another area of consideration is the relationship between land use decisions and transit. One of the great frustrations I had during the time I served as General Manager of the Indianapolis Public Transportation System was the request by nursing homes, outpatient clinics and other medical facilities to move a bus route or add more frequent service. These requests normally followed a decision

That had already been made on the location of such facilities and the realization that the population served was transit dependent and there was no accessible bus service nearby. Medical services and public transit have much to gain by early planning of decisions on locating facilities.

In urban areas, where public transit is normally more readily available, bus passes and vouchers may significantly reduce the cost of providing non emergency medical transportation. (Let's abbreviate it to NEMT). Case managers may frequently object feeling the passes may be used for non emergency trips without understanding the savings or nature of the trip. Bus passes are one way public transit is more affordable for many. (Provide examples).

In non urban and rural areas, subscription transit service is more likely the norm and transit rides have to be coordinated through a centralized system that connects case managers, doctor's offices, and nursing home administrator's with available transit options. Reservations and scheduling are critical to serve the largest number of residents.

State policies impacting both health care and the aging network have important consequences for public transit providers. The move from managed care to family care or adjusting home care through the state's aging programs impact the ability of transit to meet those changes. Often, changes in the state's management of health care programs are done without consultation with local transit providers (Indiana)

(Examples in Wisconsin, Illinois, Ohio).

Coordination is facilitated through a very complex system called communication. And that communication must have an element of trust. The state level coordinating councils and the local coordination plans have shown that by people talking with one another, building trust and focusing on customer needs, human service and transit both benefit and remain on the same track.

Thank you.